

## ACCESS QUESTIONNAIRE 18

ID No.				-				
Form Type	S	D	0	1				

**GENERAL INSTRUCTIONS: COMPLETE AN ACCESS QUESTIONNAIRE 18 FOR EACH PARTICIPANT AT BASELINE. IF PARTICIPANT HAS ELECTED TO HAVE YOU READ THE QUESTIONS, GIVE THE PARTICIPANT THE SCALE D, E AND F CARDS NOW.**

### PARTICIPANT IDENTIFICATION

1. PARTICIPANT'S INITIALS: \_\_\_\_\_

2. DATE OF INTERVIEW:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Month Day Year

The following questions ask about your health.

3. In general, would you say your health is:

( 1 )	( 2 )	( 3 )	( 4 )	( 5 )
Excellent	Very Good	Good	Fair	Poor

healthgn

4. Compared to a year ago, how would you rate your health in general now?

( 1 )	( 2 )	( 3 )	( 4 )	( 5 )
Much better now than 1 year ago	Somewhat better now than 1 year ago	About the same	Somewhat worse now than 1 year ago	Much worse now than 1 year ago

healthnw

5. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Check **one** answer on each line.)

	Yes, limited a lot	Yes, limited a little	No, not limited at all	Not Applicable
A. <u>Vigorous activities</u> , such as running, lifting heavy objects, participating in strenuous sports?	( 1 )	( 2 )	( 3 )	( 4 ) phyftn1
B. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	( 1 )	( 2 )	( 3 )	( 4 ) phyftn2
C. Lifting or carrying groceries?	( 1 )	( 2 )	( 3 )	( 4 ) phyftn3
D. Climbing <u>several</u> flights of stairs?	( 1 )	( 2 )	( 3 )	( 4 ) phyftn4
E. Climbing <u>one</u> flight of stairs?	( 1 )	( 2 )	( 3 )	( 4 ) phyftn5
F. Bending, kneeling, or stooping?	( 1 )	( 2 )	( 3 )	( 4 ) phyftn6
G. Walking <u>more than a mile</u> ?	( 1 )	( 2 )	( 3 )	( 4 ) phyftn7
H. Walking <u>several blocks</u> ?	( 1 )	( 2 )	( 3 )	( 4 ) phyftn8
I. Walking <u>one block</u> ?	( 1 )	( 2 )	( 3 )	( 4 ) phyftn9
J. Bathing or dressing yourself?	( 1 )	( 2 )	( 3 )	( 4 ) phyftn10

6. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? (Check **one** answer on each line.)

	Yes	No	
A. Cut down on the <u>amount of time</u> you spent on work or other activities	( 1 )	( 2 )	phyhlt1
B. <u>Accomplished less</u> than you would like	( 1 )	( 2 )	phyhlt2
C. Were limited in the <u>kind</u> of work or other activities	( 1 )	( 2 )	phyhlt3
D. Had <u>difficulty</u> performing the work or other activities (for example, it took extra effort)	( 1 )	( 2 )	phyhlt4

7. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? (Check **one** answer on each line.)

	<u>Yes</u>	<u>No</u>	
A. Cut down on the <u>amount of time</u> you spent on work or other activities	( 1 )	( 2 )	emotpb1
B. <u>Accomplished less</u> than you would like	( 1 )	( 2 )	emotpb2
C. Didn't do work or other activities as <u>carefully</u> as usual	( 1 )	( 2 )	emotpb3

8. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (Check **one** answer.)

( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	painnsa
Not at all	Slightly	Moderately	Quite a bit	Extremely	

9. How much bodily pain have you had during the past 4 weeks? (Check **one** answer.)

( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 6 )	painbody
None	Very Mild	Mild	Moderate	Severe	Very Severe	

10. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? (Check **one** answer.)

( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	painwrk
Not at all	A little bit	Moderately	Quite a bit	Extremely	

11. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please indicate the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks ... (Check **one** answer on each line.)

	<u>All of the Time</u>	<u>Most of the Time</u>	<u>A Good bit of Time</u>	<u>Some of the Time</u>	<u>A little of the Time</u>	<u>None of the Time</u>	
A. Did you feel full of pep?	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 6 )	anxiety1
B. Have you been a very nervous person?	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 6 )	anxiety2
C. Have you felt so down in the dumps that nothing could cheer you up?	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 6 )	anxiety3
D. Have you felt calm and peaceful?	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 6 )	anxiety4
E. Did you have a lot of energy?	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 6 )	anxiety5
F. Have you felt down-hearted and blue?	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 6 )	anxiety6
G. Did you feel worn out?	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 6 )	anxiety7
H. Have you been a happy person?	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 6 )	anxiety8
I. Did you feel tired?	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 6 )	anxiety9

12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? (Check **one** answer.)

( 1 )  
All of  
the time

( 2 )  
Most of  
the time

( 3 )  
Some of  
the time

( 4 )  
A little of  
the time

( 5 ) **hltsact**  
None of  
the time

13. How true or false is each of the following statements for you? (Check **one** answer on each line.)

	Definitely <u>True</u>	Mostly <u>True</u>	Don't <u>Know</u>	Mostly <u>False</u>	Definitely <u>False</u>
A. I seem to get sick a little easier than other people	( 1 )	( 2 )	( 3 )	( 4 )	( 5 ) <b>sickeasy</b>
B. I am as healthy as anybody I know	( 1 )	( 2 )	( 3 )	( 4 )	( 5 ) <b>hltgood</b>
C. I expect my health to get worse	( 1 )	( 2 )	( 3 )	( 4 )	( 5 ) <b>hltworst</b>
D. My health is excellent	( 1 )	( 2 )	( 3 )	( 4 )	( 5 ) <b>hltexcel</b>

**ADMINISTRATION****14. INTERVIEWER:**A. **SIGNATURE:** \_\_\_\_\_B. **ACCESS STAFF NO.:** \_\_\_\_\_ - \_\_\_\_\_**15. RESEARCH COORDINATOR:**A. **SIGNATURE:** \_\_\_\_\_B. **ACCESS STAFF NO.:** \_\_\_\_\_ - \_\_\_\_\_**16. DATE FORM COMPLETED:**\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Month Day Year

FORM 18  
ACCESS Questionnaire 18

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
	REV	I (1)	Form revision
	newid	F (5.1)	Patient ID
3	HEALTHGN	I (1)	General health 1=Excellent 2=Very good 3=Good 4=Fair 5=Poor
4	HEALTHNW	I (1)	Health compared to 1 yr ago 1=Much better now than 1 year ago 2=Somewhat better now than 1 year ago 3=About the same 4=Somewhat worse now than 1 year ago 5=Much worse now than 1 year ago
5a	PHYFTN1	I (1)	Vigorous activities 1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all 4=Not applicable
5b	PHYFTN2	I (1)	Moderate activities 1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all or Not applicable
5c	PHYFTN3	I (1)	Lifting or carrying groceries 1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all or Not applicable
5d	PHYFTN4	I (1)	Climbing several flights 1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all or Not applicable
5e	PHYFTN5	I (1)	Climbing one flight 1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all or Not applicable
5f	PHYFTN6	I (1)	Bending, kneeling, stooping 1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all or Not applicable

FORM 18  
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(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
5g	PHYFTN7	I (1)	Walking > 1 mile 1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all 4=Not applicable
5h	PHYFTN8	I (1)	Walking several blocks 1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all or Not applicable
5i	PHYFTN9	I (1)	Walking one block 1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all or Not applicable
5j	PHYFTN10	I (1)	Bathing or dressing 1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all 4=Not applicable
6a	PHYHLT1	I (1)	Cut down time for work 1=Yes 2=No
6b	PHYHLT2	I (1)	Accomplished less 1=Yes 2=No
6c	PHYHLT3	I (1)	Limited in kind of work 1=Yes 2=No
6d	PHYHLT4	I (1)	Difficulting in doing work 1=Yes 2=No
7a	EMOTPB1	I (1)	Cut down time for work 1=Yes 2=No
7b	EMOTPB2	I (1)	Accomplished less 1=Yes 2=No
7c	EMOTPB3	I (1)	Didn't work as carefully 1=Yes 2=No
8	PAINNSA	I (1)	Interfered w/ social activities 1=Not at all 2=Slightly 3=Moderately 4=Quite a bit 5=Extremely

FORM 18  
ACCESS Questionnaire 18  
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
9	PAINBODY	I (1)	Bodily pain in past 4 weeks 1=None 2=Very mild 3=Mild 4=Moderate 5=Severe or Very severe
10	PAINWRK	I (1)	Pain interfered with work 1=Not at all 2=A little bit 3=Moderately 4=Quite a bit 5=Extremely
11a	ANXITY1	I (1)	Feel full of pep 1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
11b	ANXITY2	I (1)	Very nervous person 1=All or Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
11c	ANXITY3	I (1)	Down in the dumps 1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
11d	ANXITY4	I (1)	Calm and peaceful 1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
11e	ANXITY5	I (1)	Have a lot of energy 1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time



FORM 18  
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(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
11f	ANXITY6	I (1)	Down hearted and blue 1=All or Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
11g	ANXITY7	I (1)	Feel worn out 1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
11h	ANXITY8	I (1)	Have been a happy person 1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time or None of the time
11i	ANXITY9	I (1)	Feel tired 1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
12	HLTSACT	I (1)	Interfered w/ social activities 1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
13a	SICKEASY	I (1)	Get sick easier than others 1=Definitely true 2=Mostly true 3=Don't know 4=Mostly False 5=Definitely False

FORM 18  
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(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
13b	HLTGOOD	I (1)	Healthy as anybody else 1=Definitely true 2=Mostly true 3=Don't know 4=Mostly False 5=Definitely False
13c	HLTWORST	I (1)	Expect health to get worse 1=Definitely or Mostly true 3=Don't know 4=Mostly False 5=Definitely False
13d	HLTEXCEL	I (1)	Health is excellent 1=Definitely true 2=Mostly true 3=Don't know 4=Mostly False 5=Definitely False